

U.S. Department of Labor

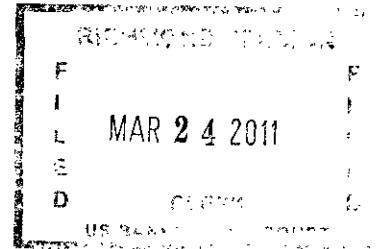
Employee Benefits Security Administration
 Washington District Office
 1335 East-West Highway, Suite 200
 Silver Spring, MD 20910-3225

(202) 693-8700 FAX: (202) 693-8736

**MAR 18 2011**

Certified Mail Number: 7011 0110 0000 3786 5031

William C. Redden, Clerk of Court
 United States Bankruptcy Court
 701 E. Broad Street, Suite 4000
 Richmond, Virginia 23219



Re: Circuit City Stores, Inc.
 Case No. 08-35653

Dear Mr. William C. Redden:

Enclosed are an original and three copies of the Withdrawal of the Proof of Claim which is being filed by the United States Department of Labor. Please file the original and return a date stamped copy in the enclosed postage pre-paid mailer.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive ink that appears to read "Mabel Capolongo".

Mabel Capolongo
 Regional Director
 Philadelphia Region

Enclosures: Proof of Claim
 Postage Paid Envelope

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE
EASTERN DISTRICT OF VIRGINIA

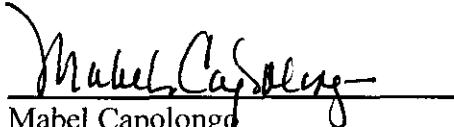
: IN RE :
: Circuit City Stores, Inc. : Case No. : 08-35653
: Debtor. :

U. S. DEPARTMENT OF LABOR, EMPLOYEE BENEFITS
SECURITY ADMINISTRATION'S NOTICE OF
WITHDRAWAL OF PROOF OF CLAIM

YOU ARE HEREBY NOTIFIED that the U. S. Department of Labor, Employee Benefits Security Administration's liquidated proof of claim is hereby WITHDRAWN.

DATED: 3/18/2011

Respectfully submitted,



Mabel Capolongo
Regional Director
Employee Benefits Security Administration
U.S. Department of Labor
Philadelphia Region

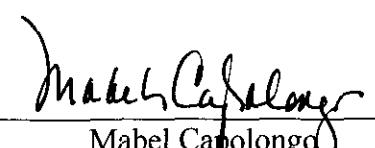
CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing United States
Department of Labor, Employee Benefits Security Administration's Notice of
Withdrawal of Claim was sent first class mail this 18 day of March
2011, to the following:

Dion W. Hayes, Esq.
Douglas M. Foley, Esq.
McGuireWoods LLP
One James Center
901 East Cary Street
Richmond, VA 23219

Gregg M. Galardi, Esq.
Ian S. Fredericks, Esq.
SKADDEN, ARPS, SLATE,
MEAGHER & FLOM LLP
One Rodney Square
P.O. Box 636
Wilmington, Delaware 19899-0636

COUNSEL FOR THE DEBTOR


Mabel Capolongo
Regional Director

UNITED STATES BANKRUPTCY COURT

Eastern District of Virginia

COPY

PROOF OF CLAIM

Name of Debtor:
Circuit City Stores, Inc.Case Number:
08-35653

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
U.S. Department of Labor, Employee Benefits Security Administration Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

U.S. Department of Labor, Employee Benefits Security Administration
1335 East-West Highway, Suite 200, Silver Spring, MD 20910Court Claim Number: _____
(If known)Telephone number:
(202) 693-8700

Filed on: _____

Name and address where payment should be sent (if different from above):

 Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

 Check this box if you are the debtor or trustee in this case.Amount of Claim as of Date Case Filed: \$ unliquidated

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

Specify the priority of the claim.

all or part of your claim is entitled to priority, complete item 5.

 Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

 Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).Basis for Claim: "Other" - 29 USC 1001 Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

(See instruction #2 on reverse side.)

 Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).Last four digits of any number by which creditor identifies debtor: 4062 Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.) Other – Specify applicable paragraph of 11 U.S.C. §507 (a) _____.

Secured Claim (See instruction #4 on reverse side.)

Amount entitled to priority:

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

\$ _____

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe:

Value of Property: \$ _____ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase agreements, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER BANNING.

If documents are not available, please explain:

Date:
4/21/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

*Mabel Capo**Mabel Capo, Regional Director*

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3511.

RECEIVED

MAY 08 2009

U.S. BANKRUPTCY COURT - EASTERN DISTRICT OF VIRGINIA

UNITED STATES BANKRUPTCY COURT Eastern District of Virginia

PROOF OF CLAIM

Name of Debtor:
Circuit City Stores, Inc.Case Number:
08-35653

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
U.S. Department of Labor, Employee Benefits Security Administration Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

U.S. Department of Labor, Employee Benefits Security Administration
1335 East-West Highway, Suite 200, Silver Spring, MD 20910Court Claim Number: 12938
(If known)Telephone number:
(202) 693-8700

Filed on: 05/08/2009

Name and address where payment should be sent (if different from above):

Plan Administrator/Plan Trustee
If payment is to be made, please contact
USDOl/EBSA at the address above. Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check this box if you are the debtor or trustee in this case.5. Amount of Claim as of Date Case Filed: \$ 53,121.82 - Pension Plan's lost earnings; and
partially liquidated Dental Plan claims - \$ 860,627.57
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

Specify the priority of the claim.

 Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). Up to \$2,425* of deposits toward purchase, lease, or rental of property or serviced for personal, family, or household use - 11 U.S.C. §507 (a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount entitled to priority:

\$ 3975.45 - Pension
Plan

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date:

09/24/2009
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Mark Capolongo MARC CAPOLONGO, Regional Director

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

FOR COURT USE ONLY

10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT		Eastern District of Virginia	PROOF OF CLAIM
Name of Debtor: Circuit City Stores, Inc.		Case Number: 08-35653	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): U.S. Department of Labor, Employee Benefits Security Administration		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent: U.S. Department of Labor, Employee Benefits Security Administration 1335 East-West Highway, Suite 200, Silver Spring, MD 20910		Court Claim Number: 14666 (If known)	
Telephone number: (202) 693-8700		Filed on: 09/28/2009	
Name and address where payment should be sent (if different from above): Plan Administrator/Plan Trustee (If payment is to be made, please call USDOL/EBSA at 202-693-8700 for address where payment should be sent)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number: (202) 693-8700		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ 53,121.82		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.	
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.			
If all or part of your claim is entitled to priority, complete item 5.			
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.			
2. Basis for Claim: "Other" - 29 USC 1001 (See instruction #2 on reverse side.)		Specify the priority of the claim.	
3. Last four digits of any number by which creditor identifies debtor: 4062		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §307(a)(1)(A) or (a)(1)(B).	
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.		<input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §307 (a)(5).	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).	
Value of Property: \$ _____ Annual Interest Rate: %		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).	
Amount of arrearage and other charges as of time case filed included in secured claim,			
If any: \$ _____ Basis for perfection: _____		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a) _____	
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		Amount entitled to priority: \$ 3,975.95	
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)			
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.			
If the documents are not available, please explain:			
Date: 06/11/2010	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		
Mabel Capolongo		Regional Director	RECEIVED FOR COURT USE ONLY JUN 14 2010
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

COPY

Circuit City Stores, Claims Processing
Main Document
c/o Kurtzman Carlson Consultants LLC
2335 Alaska Ave
El Segundo, CA 90245

PAGE 7 of 7 SS
US POSTAGE PAID
EL SEGUNDO CA
PERMIT NO. 45049

**US Department of Labor Employee Benefits Security
Administration**
1335 East West Hwy Ste 200
Silver Spring, MD 20910

PROOF OF CLAIM CONFIRMATION

Your proof of claim filed against Circuit City Stores, Inc.,
case no 08-35653 was received on 9/28/2009
and assigned claim number 14666

For more information, please visit www.kcclc.net/circuitcity or call 1-866-381-9100

Circuit City Stores, Claims Processing
c/o Kurtzman Carlson Consultants LLC
2335 Alaska Ave
El Segundo, CA 90245

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PERMIT NO. 45049

**US Department of Labor Employee Benefits Security
Administration**
1335 East West Hwy Ste 200
Silver Spring, MD 20910

PROOF OF CLAIM CONFIRMATION

Your proof of claim filed against Circuit City Stores, Inc.,
case no 08-35653 was received on 5/8/2009
and assigned claim number 12938

For more information, please visit www.kcclc.net/circuitcity or call 1-866-381-9100